**EMPLOYER'S REPORT OF CONTRIBUTIONS**
**PLUMBERS & STEAMFITTERS LOCAL 21 FRINGE BENEFIT FUNDS**
**1024 McKinley Street, Peekskill, New York 10566 (914)737-7220 Fax(914)737-7299**

Employer's Firm Name:_____Phone:_____
Business Address:_____
Prepared By:_____Title:_____Date:_____

| Employee's Social Security Number | Employee's Name | Regular Hours | Time & Half Hours | Double Time Hours | Total Hours Paid | No. of Days | Total Wages | Classification: GF, F, J AP1, 2, 3, 4, 5 |
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**100 % Rate ZONE 1**

| Classification | Rate | H & W | H.R.A. | Local Pension | Vacation | ANNUITY | Ed | Admin | LMCC | PAC | IND | Nat'l Pension | Int'l Training Fund | TOTAL PACKAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| General Foreman | $49.43 | 10.00 | 1.75 | 5.26 | 4.30 | 5.87 | .90 | 2.03 | .10 | .10 | .15 | 2.63 | .10 | $82.62 |
| Foreman | $46.43 | 10.00 | 1.75 | 5.26 | 4.20 | 5.66 | .90 | 2.03 | .10 | .10 | .15 | 2.63 | .10 | $79.31 |
| Journeyman | $41.61 | 10.00 | 1.75 | 5.26 | 4.00 | 5.34 | .90 | 2.03 | .10 | .10 | .15 | 2.63 | .10 | $73.97 |
| 5th Year Appr. | $31.34 | 6.78 | 1.70 | 4.96 | 2.88 | 3.52 | .71 | 1.66 | .07 | .04 | .15 | 2.26 | .10 | $56.17 |
| 4th Year Appr. | $29.22 | 6.28 | 1.68 | 4.65 | 2.62 | 3.33 | .69 | 1.53 | .07 | .04 | .15 | 2.26 | .10 | $52.62 |
| 3rd Year Appr. | $20.59 | 5.68 | 1.10 | 4.32 | 1.40 | 1.49 | .57 | 1.18 | .07 | .04 | .15 | 1.50 | .10 | $38.19 |
| 2nd Year Appr. | $17.75 | 5.47 | .32 | 4.11 | 1.35 | .62 | .52 | 1.01 | .07 | .04 | .15 | 1.20 | .10 | $32.71 |
| 1st Year Appr. | $15.29 | 5.30 | .30 | 3.29 | 1.25 | .58 | .50 | .95 | .07 | .04 | .15 | 1.06 | .10 | $28.88 |

***Rates Valid : 05/01/2011-04/30/2012***

**** NATIONAL PENSION / INTERNATIONAL TRAINING FUND CONTRIBUTIONS GO DIRECTLY TO THE NATIONAL PENSION FUND** * H.R.A.(HEALTH REIMBURSEMENT ASSISTANCE) IS PART OF THE WELFARE FUND. IT IS BEING SEGREGATED FOR ACCOUNTING PURPOSES ONLY.* BENEFITS ARE DUE THE 10TH OF EACH MONTH****

**Report Month** : _____
**Week Ending:**_____

**Please make 1 (One) check payable to:**
**Local 21 Administration Fund**

**ALL BENEFITS ARE PAID ON HRS. PAID W/ EXCEPTION OF NAT'L PENSION & INT'L TRAINING WHICH IS ON HOURS WORKED. "P&S 04.12"**

**Health & Welfare:** _____
**H.R.A.**_____
**Pension:**_____
**Vacation:**_____
**Annuity:**_____
**Education**_____
**Administrative Fund:**_____
**LMCC:**_____
**PAC:**_____
**IND:**_____
**TOTAL AMOUNT ENC.: $** _____